Indian Women Scientists' Association (IWSA)

Application Form for Internship Program

Please complete all sections of this form.

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1. Administrative & Institutional Details

- **Date of Application to IWSA: _____**
- **Affiliation (College / University / Institute Name):**

- **College / Institute Mentor Name & Designation:**

- **Mentor Contact Details (Email & Phone):**

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2. Internship & Project Details

- **Proposed Project Title / Topic:**

- **Project Duration:**
  - **Start Date: _____**
  - **End Date: _____**
  - **Total Weeks / Months: _____**
- **Number of Students Submitting This Application: _____**

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3. Student Applicant Details

(For group applications, please copy and paste this section for each student)

- **Student Full Name: _____**
- **Degree & Department (e.g., B.Sc. Biotechnology): _____**
- **Current Semester / Year: _____**
- **Email Address: _____**
- **Phone Number: _____**

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4. Undertaking & Signatures

We hereby declare that the information provided above is true and accurate to the best of our knowledge. The student(s) will abide by the rules and regulations of IWSA during the internship period.

_____

Signature of Student Applicant(s)
Date:

_____

Signature & Stamp of College Mentor / HOD
Date:
